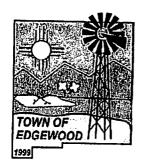
## **Town of Edgewood**

P.O. Box 3610, Edgewood, NM 87015 505-286-4518 FAX 505-286-4519



## Application for Employment

## **Position Applied For:**

Applications will be accepted only for open positions. Resumes are not accepted in lieu of an application, but may be attached for supplemental information. Submit a separate application for each position. Answer all questions. Applications will not be considered until complete in every respect.

Your application will be kept active for a period of ninety (90) days or until the position is filled, whichever is later.

The Town of Edgewood does not discriminate in employment on the basis of race, age, religion, color, national origin, ancestry, sex, physical or mental disability, medical condition or political affiliation, unless based on a bona fide occupational qualification. No question on this application form is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt by the Town of Edgewood does not imply that the applicant will be employed.

Name		
(Last)	(First)	Middle)
Address		
(Number) (Street)	(City, State, Zip)	
Telephone (Home)()(V	Vork)()(Other)()	
Have you ever used a different name for sch	ool or employment?	<b>.</b>
If so, what name(s)?		YesNo
Have you ever been employed by the Town o	of Edgewood?	V N
If yes, give date separated.		YesNo
Does the Town of Edgewood employ any rela If yes, Name	ative of yours?	YesNo
Relationship		
Can you work legally in the United States? f hired, documentation showing eligibility for	employment and identity will be required	YesNo
	·	
Do you possess a valid Driver's License? StateClassLicense #	,	YesNo
n accordance with the Military Selective Servighteen (18) and twenty-six (26) are required	rice Act, all male applicants between the ages of	
are you between the ages of 18-26?	•	Yes No
f yes, have you registered for the Selective S f yes, please provide your Selective Service	ervice? Number	Yes No
dave you ever been convicted of a misdemear	nor or felony?	
ves on a senarate sheet of nanor please of	ive date(s) and place(s), the specific charge(s),	

Are you applying for: \_\_\_Full Time, \_\_\_Part Time, \_\_\_Temporary, \_\_\_Seasonal

Are you available: _	e to work:We	ekends,Varia rs/days not availa	able ble:	<del></del>	
Military Service					
Date Entered	Date Discharged	Branch	Final Rank		Military Occupational Specialty
		E	ducation/	Training	
<del></del>					
School Attended:	, 9	City/State:	<u>Circle L</u>	evel Completed:	Degree Obtained:
High School			9 – 10 –	11 - 12 - GED	
College	н		F-S-,	Jr – Sr	
Graduate School		<del></del>	Graduate	Major and Hou	rs
Business School			Courses		
Vocational School			Courses		
		Licenses, S	pecial Ce	rtificates or S	kills
Indicate any foreig	n languages you	can speak, read a	nd/or write.		
Speak	<del></del>	, Read			, Write
Typing Speed	-	Shorthand			a a 10-key adding machine Yes No.
Office Machines			•	····	
Software Programs	5				
leavy Equipment o	or Other Machiner	у			
CPR, First Aid	, EMT-B,	Other		· .	
lease indicate any	other information	you would like us	to consider.		
	· · · · · · · · · · · · · · · · · · ·			****	
<del></del>	·				
				- <del></del>	

		story

List below your complete employment record starting with your present or last employer. Include any unemployed or self-employed periods, showing dates and Locations. Please use a "Supplemental History" sheet, after filling this page and the next, for longer employment history.

y Name	Type of Business	From (Mo/Yr) To (Mo/Yr
	Phone	Your Job Title
e/Zip Code	Starting Monthly Pay	Last Monthly Pay
or's Name		
or or tamb	Full Time Part Time	Hours Per Week
pervised employees, please indica	te number and give dates.	
for leaving:		
/ Name	Type of Business	
		From (Mo/Yr) To (Mo/Yr)
	Phone	Your Job Title
e/Zip Code	Starting Monthly Pay	Last Monthly Pay
or's Name	Full Time Part Time	Hours Per Week
ervised employees, please indicat	e number and give dates.	
or leaving:		
Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
	Phone	Your Job Title
Zip Code	Starting Monthly Pay	Last Monthly Pay
r's Name	Full Time	Hours Per Week
	Part Time	nours Per week
ervised employees, please indicate	number and give dates.	
or leaving:		
or leaving:		

Company Name	Type of Business	From (Man) T. (Man)
Address	Phone	From (Mo/Yr) To (Mo/Yr)
City/State/Zip Code		Your Job Title
	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	Full Time Part Time	Hours Per Week
If you supervised employees, pl	ease indicate number and give dates.	
Duties:		
Reasons for leaving:	,	
	Professional References (No Relati	ves)
lame	Address	Phone
	Continue (D)	
	Certification (Please read and initial eac	h point)
conditional upon such rec	ment with the Town of Edgewood, I will comply with other communications distributed to employees. I ure ord checks, references, and tests as are appropriate screen by a physician selected by the Town of Edgen	iderstand that such employment may be
<ul> <li>I authorize the Town of Ed regarding my personal cha the duties of the position for</li> </ul>	gewood to contact any individuals or organizations to aracter, work habits, work performance, credit or my or which I have applied.	the Town deems suitable to make inquiry knowledge, ability and skill to perform
<ul> <li>I hereby hold harmless and Edgewood, from all liability knowledge, skill or ability to</li> </ul>	d release the Town of Edgewood, and any persons or of any kind, regarding their assessment of my chargo perform the duties of the position for which I have a	or organizations contacted by the Town of acter, work habits, performance, training, applied.
<ul> <li>I understand that acceptan</li> </ul>	ce of an offer of employment does not create a cont	
If I am employed, I underst result in disciplinary action	and that any false, misleading or omitted information up to and including possible termination of employm	n on my application or interview(s) may ent
nature of Applicant	Date	
• • •	Date	Social Security No. Date of Birth